1995-96 SESSION COMMITTEE HEARING RECORDS

Committee Name: Joint Committee on Finance (JC-Fi)

Sample:

Record of Comm. Proceedings ... RCP

- > 05hrAC-EdR_RCP_pt01a
- > 05hrAC-EdR_RCP_pt01b
- > 05hrAC-EdR_RCP_pt02

- > Appointments ... Appt
- > **
- > Clearinghouse Rules ... CRule
- > **
- > Committee Hearings ... CH
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- > Committee Reports ... CR
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- Executive Sessions ... ES
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- Hearing Records ... HR
- > **
- Miscellaneous ... Misc
- > 95hrJC-Fi_Misc_pt82
- Record of Comm. Proceedings ... RCP
- > **

STATE OF WISCONSIN 1 PARTMENT OF ADMINISTRATION

101 Last Wilson Street, Madison, Wisconsin

TOMMY G. THOMPSON GOVERNOR

JAMES R. KLAUSER SECRETARY



Mailing Address: Post Office Box 7864 Madison, WI 53707-7864

October 3, 1995

Joe Leean, Secretary
Department of Health and Social Services
PO Box 7850
Madison, WI 53707-7850

Low-Income Home Energy Assistance Block Grant, State Application Identifier Number WI951002-283-N93568XX

Dear Secretary Leean:

The Department of Administration has reviewed the above noted application for federal funding assistance. At the direction of the Governor of the State of Wisconsin, and pursuant to Wisconsin Statute 16.54, the Department is approving the application for submission to the federal funding authority. The application is in compliance with applicable state laws and is consistent with related state plans, programs and policies.

The Department encourages favorable federal action on this grant application which will serve the needs of Wisconsin's citizens.

The State Application Identifier Number for this project should be submitted to the Federal funding agency with your application.

Sincerely,

James R. Klauser

Secretary

triment of Administration (رومان) (۲۱2/92)

Rust

Federal-State Relations Office 101 E. Wilson Street, 6th Floor P.O. Box 7868 Madison, WI 53707-7868 Telephone 606/257-2125

1 Applicant Agency Department of He	alth & Social Service	2 CFDA # 9 3 • 5 6 8	3 Agency (.D. (Optional)
4 Address (Street/City/State/Zip) 1 West Wilson St		5 Federal Agency to Receive Requirements: Office of Communications	est Ommunity Services
Madison, WI 537)3	6 Period of Funding Mo/Day/Year	7 Application Due Date
Contact Person Steve Tryon) Dhann 265 7601	10/1/95	Mo/Day/Year
8 Agency Project Title	Phone 2657601	9/30/96	9/29/95
Low-Income Energy	v y Assistance	9 Executive Order 12372 Review Re	Quired 10 Area of Impact Counties/States
,	Block Grant	Yes No	
11 Type of Application	12 Type of Assistance	Clearinghouses: Notified Dates	Statewide
New Grant	Grant	I ma red	
Amendment to Current Grar		1 - 100 1 900	_
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16 Authorizations	Authorized Agency Represer Richard W. Lora	ntative (Type or Print) Title if other ang Deput	than Agency Secretary Ly Secretary
Delegated Review	Lucler Stargie	larand 5.2	8-85
	FOR DEPARTMENT OF ADI	AINISTRATION USE ONLY	
Reviewing Analyst	Phone_	6-8219 SAI Number	UT951002-28
Recommendation. Approve	Approve With Condition	ns Deny Date Receive	ed 10-2-95
Signature	Date _	10/7/95 Date Due_	10-2-95/2
COMMENTE.	V	•	

STATE OF WISCONSIN DEPARTMENT OF ADMINISTRATION

101 East Wilson Street, Madison, Wisconsin

TOMMY G. THOMPSON GOVERNOR

JAMES R. KLAUSER SECRETARY



Mailing Address: Post Office Box 7864 Madison, WI 53707-7864

September 29, 1995

Joe Leean, Secretary Department of Health and Social Services PO Box 7850 Madison, WI 53707-7850

> Substance Abuse Prevention and Treatment Block Grant, State Application Identifier Number WI950901-251-N93992XX

Dear Secretary Leean:

The Department of Administration has reviewed the above noted application for federal funding assistance. At the direction of the Governor of the State of Wisconsin, and pursuant to Wisconsin Statute 16.54, the Department is approving the application for submission to the federal funding authority. The application is in compliance with applicable state laws and is consistent with related state plans, programs and policies.

The Department encourages favorable federal action on this grant application which will serve the needs of Wisconsin's citizens.

The State Application Identifier Number for this project should be submitted to the Federal funding agency with your application.

Sincerely,

James R. Klauser

Sedretary

Department of Administration Form DOA-7020 (R 5-88) (Formerly FDA 50)

Federal-State Relations Office 101 S. Webster St., 6th Floor P.O. Box 7868 Madison, WI 53707-7868 Telephone 608/267-2125

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STATE OF WISCONSIN DEPARTMENT OF ADMINISTRATION 101 East Wilson Street, Madison, Wisconsin

TOMASY G. THOMPSON GOVERNOR

JAMES R. KLAUSER SECRETARY



Mailing Address: Post Office Box 7868 Madison, WI 53707-7868

October 3, 1995

Steven D. Sell Executive Director Office of Justice Assistance 222 State Street - 2nd Floor Madison, WI 53702

> Criminal Justice Statistics Development (WI Statistical Analysis Center Clearinghouse), State Application Identifier Number WI950929-279-N16550XX

Dear Mr. Sell:

The Department of Administration has reviewed the above noted application for federal funding assistance. At the direction of the Governor of the State of Wisconsin, and pursuant to Wisconsin Statute 16.54, the Department is approving the application for submission to the federal funding authority. The application is in compliance with applicable state laws and is consistent with related state plans, programs and policies.

The Department encourages favorable federal action of this grant application which will serve the needs of Wisconsin's citizens.

Sincerely,

James R. Klauser

Secretary

A copy of this letter must be transmitted to the federal granting agency with your application.

ppartment of Admin rm DOA-7020 (R 5- prmerty FDA 50)	istration 88) Mihas	Dactica	, S.	Deutatistis	,	-egeral-State Relations 01 S. Webster St., 6th F P.O. Box 7868 Madison, WI 53707-786 Felephone 608/267-2125	loor B
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Department of Administration

DOA-7020(R12/92)

Federal-State Relations Office 101 E. Wilson Street, 6th Floor P.O. Box 7868 Madison, WI 53707-7868

AID	s Artivit	' Z.1	P.O. Box 7868 Madison, WI 53707-7868 Telephone 608/267-2125
1 Applicant Agency	2	1	3 Agency I.D. (Optional)
Wisconsin Dept. of Healt 4 Address (Street/City/State/Zip)	th & Social Services 5	CFDA # 93 • 118	_
1 W. Wilson St. PO B	L.		se Control and Prevention
Madison, WI 53703-030		Period of Funding Mo/Day/	Year Application Due Date
James M. Vergeront. M	. 1	<u>01/01/96</u> 12/31/96	Mo/Day/Year
8 Agency Project Title	9	Executive Order 12372 Revie	W Required 10 Area of Impact
(HIV Prevention)		☐ Yes ☑ N	Counties/States
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16 Authorizations	Authorized Agency Representative		∐ No
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Madison, WI	- ·			of Funding Mo			plication Du	ie Date
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Sue Huss		Phone 266-3338		09/30/96			09/15/9	5
8 Agency Project			₉ Execut	ive Order 1237	2 Review Re	quired	1 Area	of Impact
	f Veteran's Affairs-Ap	prenticeship					Coun	ties/States
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11 Type of Applica	•	12 Type of Assistance	Clearinghou	ses: Notified	Dates		Statewid	e
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15 Indirect Cost Re								
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4 Address (Street/City/State/Zo)		5 Federal Agency	Receive Request	120	,
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Terry Moen	Phon-608/266-8579	7	30/96 1	07/14/95	
8 ydeuch Ligier ima					es/States
Wisconsin ABLES Program		∐ Yes ⟨	No No		
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8 Agency Project	Title		9	Execu		2372 Review Re	quired	10 Area of Impact	-
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Consortium for the Health Assessment of Great Lakes Sport Fish Consumption. Yes	Dr. Henry Anderson	Phone 266-1253	09/	29/96	08/10/95	Ì
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Comments Continued on Reverse or on a Separate Sheet	*****	•				

" WISCONS	SIN FEDERAL GRANT	APPLICATION	NOTICE FOR	Mag H	1-166-1
Department of Administration Form DOA-7020 (R 5-88)	rehensive. Bre. nonts for Stat	est a Con	vical Ca	Federal-State	Relations Office r St., 6th Floor
(Formerty FDA 50)	relatione Die	ay 4 cci		P.O. Box 7868 Madison, WI	De tect
_ Coop Harreen	ants for Stat	e-Pasad		Telephone 60	N/267-2125
DEPARTMENT OF HEALTH A	ND SOCIAL SERVICES	2 CFDA # 9 3		Agency LD. (C	optional).
4 Address (Street/City/State/Zip)		5 Federal Agency	to Receive Request		
DIVISION OF HEALTH, BUREA 1414 E. WASHINGTON AVE.,			R DISEASE CO		
Contact Person	MADIDON, WI 33703		g Mo/Day/Year 7 /30/95 (\	Application D Mo/Day/	
GALE D JOHNSON 8 Agency Project Title	Phone 261-6872	1	/29/96	06/23/9	;
WISCONSIN WOMEN'S CANCER	CONTROL PROGRAM	9 Executive Order	12372 Review Requir		Impact ies/States
11 Type of Application 1	<u> </u>	₩¥ * \$	No.	STATE	WIDE
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15 Indirect Cost Reimbursement					
Yes Rate 13.2%	Base 448,478	Amount \$59,19	9	□ No	
16 Authorizations	Authorized Agency Represent		Title if other than	Agency Secret	ary
Delegated Review	RICHARD W. LORANO	y	ACTING SE	CRETARY	
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FO	R DEPARTMENT OF ADM	INISTRATION USE	ONLY	and the parties of the	
Reviewing Analyst	phonolyphone_	7-9546	SAI Number	F9506	27-196-N
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	ury fr	eventon	0	-d. 1	n	P.O. Sox 7 Medison	868 WI 53707-7868
1 Applicant Ac	gency	77.1787	1 & CO	nvrol 1	Rec. K	Telephone	608/257-2125
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8 Agency Proje	MINGTON, M.D.	. Phone267=	3835			<u> </u>	ay/Year
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Department of Administration

DOA-7020(R12/92)

Federal-State Relations Office 101 E. Wilson Street, 6th Floor P.O. Box 7868 Madison, WI 53707-7868 Telephone 608/267-2125

							Telephone 608	1/20/-2125
1 Applicant Agend Wis. Dept.	cy of Health &	Social Servic	es	2 CED	4 9 3		Agency I.D. (O	ptional)
4 Address (Street						Receive Request		
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Contact Person					Oct.	1995	Mo/Day/	
Kenneth Ba		Phone (608)	266-12	51	Sept.	30, 1996	July 15	, 1995
8 Agency Project		erviole		9 Execu	itive Order 12	372 Review Requi		
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16 Authorizations		Authorized Agency	Represen	tative (Typ	e or Print)	Title if other tha		
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(Formerly FOA 5	Agency If I		101 P.O Mac	eral-State Relations Offic S. Webster St., 6th Floor . Box 7868 lison, WI 53707-7868	**				
1 Applicant A	gency			2				phone 608/257-2125	
WISCONS	IN DIVISION O	F HEALTH		-	CFDA# 9	3 • <u>3 9</u> 9	3 Age	ncy LD. (Optional)	
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MADISON	WI 53701							ite	
Contact Pers				1			r 7 App	lication Due Date Mo/Day/Year	1
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11 Type of Applic		12 Type of Assistanc	· ,	Cles	ringha			STATEWIDE	
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H-765-1

WISCONSIN FEDERAL GRANT APPLICATION NOTICE FORM

Department of Administration Form DOA-7020 (R 5-88) (Formerly FDA 50)	vestigations + Disease Con	Tech. Ac	57.	Federal-State Relations Office 101 S. Webster St., 8th Floor P.O. Box 7868 Madison, WI \$3707-7868	•
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1 Applicant Agency		121	3.00%		
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4 Address (Street/City/State/Zip)	+:.+:.	5 Federal Agency to		troll	1
Center for Health Sta	.tistics Modicon WT	Centers for	Mo/Day/Year 7	Application Due Date	1
1 W. Wilson, Room 172 Contact Person	, Maurson, Hr	6 Period of Funding	1-05	Mo/Day/Year	
Mary Erikson	Phone 266-1644	1	30-96	6-30-95]
8 Agency Project Title		9 Executive Order 12	172 Review Require	d 10 Area of Impact	1 ,
			(m.)	Counties/States	
National Program of (Cancer Registries	∫	LX No	All Counties	
11 Type of Application	12 Type of Assistance	Clearinghouses: Notif	ed Dates		
New Grant	Grant	1 mo	W.L		
Amendment to Current Grant	Formula		7 7		
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<u></u>	\$ 198,165	,			1
Total Federal Funds Applied For	\$ 130,100		Positions	Existing Positions	
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15 Indirect Cost Reimbursement	· ·			তি	
Yes Rate	Base	Amount		⊠ No	4
16 Authorizations	Authorized Agency Represe	entative (Type or Print)	Title if other than	Agency Secretary Secretary	
	Richard Lorang		Date	00010001	-
Delegated Review	Signature	Lorano		7-95	
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Reviewing Analyst LLD	Phone.	7-096	SAI Number	Igsonal al	Par
		ons Deny	Date Received .	2-21-95	14s
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Signature	Date		Date Due		10
COMMENTS:			·		\ \ \
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H-181-1

PLICATION NOTICE FORM

Department of Ac Federal-State Relations Office Form DOA-7028 (101 S. Webster St., 6th Floor (Formerly FOA 50) P.O. Box 7868 Madison, WI 53707-7868 Telephone 608/257-2125 Applicant Agency 3 Agency I.D. (Optional) WI Department of Health & Social Services CFDA# 17 Address (Street/City/State/Zip) Federal Agency to Receive Request 5 1414 E. Washington Avenue, Room 112 U.S. Department of Labor Madison, WI 53703 Period of Funding Mo/Day/Year 10/01/95 Application Due Date Contact Person Mo/Day/Year Terry Moen Phone 608-266-8579 09/30/96 08/25/95 8 Agency Project Title Executive Order 12372 Beview Required | 10 | Area of Impact Counties/States OSHA 7(c)(1) Laboratory ∐ Yes X No Type of Application Nationwide 12| Type of Assistance Clearinghouses: Notified New Grant Grant Formula Amendment to Current Grant X Discretionary Continuation-Unchanged Continuation-Modified Other 13 Number of Years Previously Funded_ All 14 Funding, Allotment and Position Data (including Federal indirect costs) \$1,394,000 Total Federal Funds Applied For Numeric **New Positions** Existing Positions Appropriation Source Revenue Type Amount No. (FTE) Type No. (FTE) Type 149 **Federal** PRF 1,394,000 All contractual services to Wisconsin Occupational Health Laboratory, State Lab of Hygiene \$ (\$10,000 to DOH for fiscal monitoring) 15 Indirect Cost Reimbursement Yes Rate Base Amount _ 16 Authorizations Authorized Agency Representative (Type or Print) Title if other than Agency Secretary Richard W. Lorang Deputy Secretary Delegated Review Date 9-21-95 FOR DEPARTMENT OF ADMINISTRATION USE ONLY Reviewing Analysix SAI Number Recommendation: L Approve Approve With Conditions Deny **Date Received** Signature . Date Date Due COMMENTS:

STATE OF WISCONSIN DEPARTMENT OF ADMINISTRATION 171 East Wilson Street, Madison, Wisconsin

TOMMY G. THOMPSON GOVERNOR

JAMES R. KLAUSER SECRETARY



Mailing Address: Post Office Box 7868 Madison, WI 53707-7868

October 4, 1995

Joe Leean, Secretary Department of Health and Social Services PO Box 7850 Madison, WI 53707-7850

> Carnegie "Starting Points" Grant, State Application Identifier Number WI951004-284-N00000XX

Dear Secretary Leean:

The Wisconsin Department of Administration has reviewed the above noted application for funding assistance. At the direction of the Governor of the State of Wisconsin, the Department supports the application for submission to the funding authority. The application is in compliance with applicable state laws and is consistent with related state plans, programs and policies.

The Department encourages favorable action on this grant application which will serve the needs of Wisconsin's citizens.

Sincerely,

James R. Klauser

Secretary

Federal-State Relations Office 101 E. Wilson Street, 6th Floor P.O. Box 7868 Madison, WI 53707-7868 Telephone 608/257-2125

1 Applicant Agenc	 Health & Soci	ial Sarvicae		2 050	/		Agency I.D. (Optional)			
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Reviewing Analy	SCETCHEN	A. Fassien	Phone	266-2	288	SAI Numbe	951004-2841 N			
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H-773-1

WISCONSIN FEDERAL GRANT APPLICATION NOTICE FORM

Department of Administration Fermion A-7020 (R 5-84) (Fermorty FDA 90) Federal-State Relations Office 101 S. Webster St., 6th Floor P.O. Box 7868 Madison, WI 53707-7868 Telephone 808/267-2125

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Contact Person					<u>10/1</u>	/95	Mo/0	wy/Year	
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STATE OF WISCONSIN DEPARTMENT OF ADMINISTRATION 101 East Wilson Street, Madison, Wisconsin

TOMMY G. THOMPSON GOVERNOR

JAMES R. KLAUSER SECRETARY



Mailing Address:
Post Office Box 7864
Madison, WI 53707-7864

October 9, 1995

Darrell Bazzell, Administrator Office of Planning and Analysis Department of Natural Resources 101 S. Webster Street, 5th Floor Madison, WI 53702

> Leaking Underground Storage Tank, State Application Identifier Number WI950901-254-N66805XX

Dear Mr. Bazzell:

The Department of Administration has reviewed the above noted application for federal funding assistance. At the direction of the Governor of the State of Wisconsin, and pursuant to Wisconsin Statute 16.54, the Department is approving the application for submission to the federal funding authority. The application is in compliance with applicable state laws and is consistent with related state plans, programs and policies.

This letter constitutes compliance with the requirements for State Clearinghouse review under Presidential Executive Order 12372. Regional clearinghouses which have comments will send review letters directly to you.

The Department encourages favorable federal action on this grant application which will serve the needs of Wisconsin's citizens.

Towers for

Sincerely,

James R Klauser

Secretary

A copy of this letter must be transmitted to the federal granting agency with your application.

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WISCONSIN FEDERAL GRANT APPLICATION NOTICE

Department of Administration Form DOA-7020 (R 5-88) (Formerly FDA SQ)

Federal-State Relations Office 101 S. Webster St., 6th Floor P.O. 8ox 7868 Medison, Wi 53707-7868

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1 Applicant					2			.D. (Optional)		
Department of Natural Resources					CFDA# 66-805					
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STATE OF WISCONSIN

DEFARTMENT OF ADMINISTRATION

101 East Wilson Street, Madison, Wisconsin

TOMMY G. THOMPSON GOVERNOR

JAMES R. KLAUSER SECRETARY



Mailing Address: Post Office Box 7864 Madison, WI 53707-7864

October 10, 1995

Darrell Bazzell, Administrator Office of Planning and Analysis Department of Natural Resources 101 South Webster Street, 5th Floor Madison, WI 53702

> Ice Age Trail-Acquisition Project, State Application Identifier Number WI950922-273-N00000ZZ

Dear Mr. Bazzell:

The Department of Administration has reviewed the above noted application for federal funding assistance. At the direction of the Governor of the State of Wisconsin, and pursuant to Wisconsin Statute 16.54, the Department is approving the application for submission to the federal funding authority. The application is in compliance with applicable state laws and is consistent with related state plans, programs and policies.

The Department encourages favorable federal action on this grant application which will serve the needs of Wisconsin's citizens.

Sincerely,

James R. Klauser

Secretary

A copy of this letter must be transmitted to the federal granting agency with your application.

Department of Administration Form DOA-7020 (R 5-88) (Formarly FDA 50) Federal-State Relations Office 101 S. Webster St., 6th Floor P.O. Box 7868 Madison, WI 53707-7868 Telephone (608) 267-2125

1 Applicant Ag	leuch				2 CFDA# N/A		3 Agency LD. (Optional) 630	
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	eet/City/State/Zip)				Federal Agency to F	deceive madna		
101 S. Webst Madison, WI	ter St. 52707-7921				National Park Service			
Contact Per	son Bill Moorman				6 Period of Funding N 9/15/95 - 9/30/96	fo/Day/Year	Application Due Date Mo/Day/Year	
P	hone (608) 266-761	16					09/19/95	
8 Agency Proje	ect Title Acquisition Project				Executive Order 12		Counties/States	
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